PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

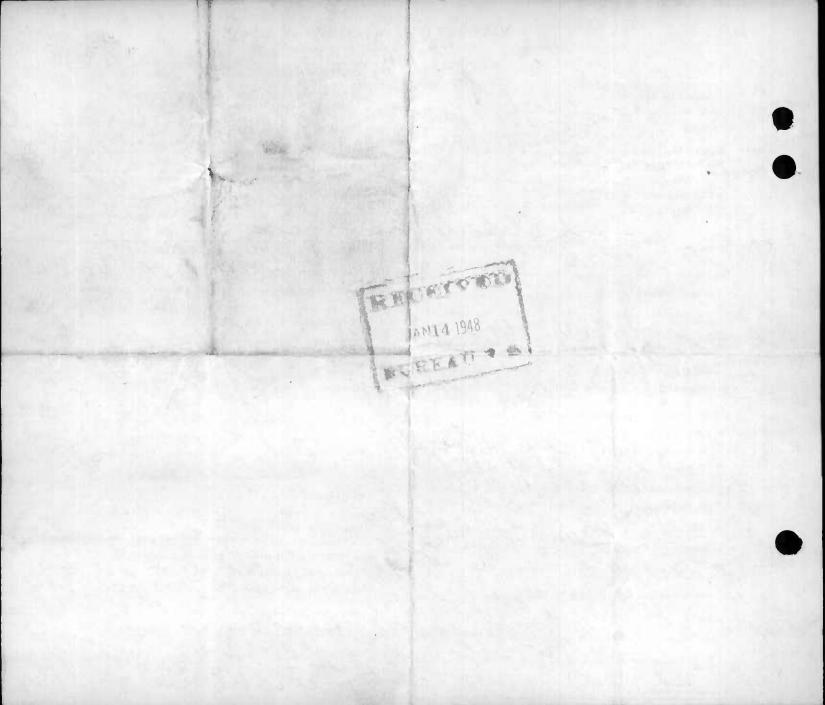
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00393

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbern infunts give residence of mother)
City or town (If outside city or town limits, write RURAL and give nacest town)	City or town 202 the East Rural
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
mospital, motivation, or street successmines that the most success the most success that	Street No
How long in hospital or institution?	2.(a) it veteran, name war
3.(a) FULL NAME) Learl Elaine San	a Boeuf. 3. (b) Social Security Number
4. So 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH LAWY 9 1948 2181450 M
6,(ò) Name of husband or wife	21. I CERTIFY that weath occurred on the date above stated; that I attended deceased from
1. Birth date of deceased (mo., day, yr, may 21 194 2.	and that I last saw h
8. AGE: Years Month? Days If less than one day 4 7 9hrsmin.	Eliarred Body
9. Birthplace Harre De Grace md. (Town, county, apostate)	Due to.
1B. Usual occupation	Due to.
11. industry or dusigless 12. Name of other to Scene Boenf 13. Birthplay 142 Peochelle. Ny.	Other conditions.
14. Maiden name Pearl Harter 15. Birthplace Dans Dell.	(Include pregnancy within 8 months of death) Major findings of operations.
El 15. Birthplace	
Address Charle North East No Mid	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bullian Date thereot 2001/2, 1948 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, till in the following: Accident, suicide, or remièrie
Gemetery or crematory Chullyno	Where did Injury of the Cattonia Coul In C
Location Cryslipso Furnally Mo	Injured a) home, farm, Industry, public place (where?)
18. Funeral director, Kell a Cattlewood & Son	Means This work? Injured at work?
Address Gerryville, Und.	23. TOUTHE CONOCIDENTIAN COCIL COURT
19. Jan. 10 19 48 Irana & Sanghat (Orte rec'd by registrar)	The Color and M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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1	V To the second
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Cecil	State Virginia County
City or town	
How long in above place of death? 9 yrs. 10 mos. 10 days	City or town Alexandria (If outside city or town limits, write RURAL and give nesrest town)
Hospital, institution, or street address where death occurred:	Street No. 221 Nouthwest Street
VA Hospital, Perry Point, Md.	(If rural, give LOCATION)
How long in hospital or institution? Unknown	2.(a) it veterah, name war.
3. (a) FULL NAME	3. (b) Social Security Number
BROWN, George A.	Unknown
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Negro Single	20. DATE DF DEATH January 4. 19 48 21:16 PM
S.(b) Name of huaband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 to
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) November 12, 1896	Immediate cause of death OURATION
8. AGE: Years Months Daya If leas than one day	General Paralysis of the Insane Over 10
51 1 22hrsmin.	Yrs
Virginia	Due to.
9. Birthplace	Due 10
10. Usual occupation	
	Due to
11. Industry or business Edward F. Brown	
99 9	Other conditions.
	Nephrosclerosis (Include pregnancy within 5 months of death)
14. Malden name Fannie (?) Brown - deceased Unknown	Major fiudisgs at operations.
Unknown Unknown	
	Autopsy results. Same as above
16. Informant Hospital records	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address VAH, Perry Point, Md.	22. VIOLENCE: it death was due to external causea, till in the tollowing;
Removal Date thereot Jan 6, 1948 (Burial gremation or removal Which?)	
(10-01-10)	Accident, suicide, or homicide
Cemetery or crematory. Name ubknown	Whera did injury occur? (City or town) (County) (State)
Location Alexandria, Va.	Injured at home, farm, industry, public place (where?)
Location Chemin And Cin	Maans of Injury Injured at work?
18. Funerability INGTON & SON	to the contract of
Address Havre de Grace, Md.	TARRILLA
	23. SIGNATURE COVALESKY, M.D., Actg. Chin. Director
19. Date rec'd by registrar) 19 4 8 Prana & Danghat	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2. USUAL RESIDENCE (HOME) OF DECEASED:

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CERTIFICATE OF DEATH

			Ga:
leg.	Dist.	No.	72

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Cecil
City or town	State County County County State County
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
linon Hospifal	(If rural, give LOCATION)
How tong in hospital or institution? 5 days	2.(a) If veteran, name war
3. (a) FULL NAME DO 5	3. (b) Social Security Number
Oda Dimpers Bul	lock
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Formal White married	20, DATE DF DEATH January 6 1948 315 pm
11 >- 0 10 1	21. I CERTIFY that death occurred on the date above trated; that I attended deceased from
8,(b) Name of husband or wife	Dec. 23 147 10 Jan 16 1048
7. Birth date of Section 1997	and that I last saw h. 2N. alive on Van 6 19 48
deceased (mo., day, yr.) June 12 1898	Immediate cause of death
8. AGE: Years Mooths Days It less than one day	Du testina O obstruction
49 6 25hrsmin.	
Country Cocilly Md	and Dutestine 1 adherin
9. Birthplace (Town, county, and state)	
1D. Usual occupation) tousewife	Due to.
11, Industry or business	
	Differ conditions http://www.
1 m	Diner conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Willemin Slotel 15. Birthplace	Major findings of operations
\$ 15. Birthplace #Umd	a forchominal adhesing
16 informant George M Bullock	Autopsy results While, organized general
cost ps-mi	PHYSICIAN: Please underline the cause to which death aboutd to charged atatistically.
Address (Shown, M. N.) 1/1/a	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereot (month) (das) (year)	Accident, suicide, or homicide
Cemetery or crematory Comion	Where did lajury occur?
colt p	Injured at home, farm, industry, public place (where?)
Location Colum Aural	Means of Injury Injured at work?
18. Funeral director Tought Thank	nicens of many
Address north Each md	millard H. Karooha
1 L. 19 1/6 7/17	23. SIGNATURE M. D. opother
19. (Date rec'd by registrar) Registrar	Address Elleta, M. J. Date signed New 6 48



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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eg. Dist. No. 96

			Ace Distriction	
1. PLACE OF DEATH: CECI		2. USUAL RESIDENCE (HOME) (For newborn Infants give residence of	OF DECEASED:	
UUUNIT				
City or town.	Y POINT, MARYLAND imits, write RURAL and give nearest town)	State		
(If outside city or town l	imits, write RURAL and give nearest town)	City or town Washington, I	D • C •	*******
How long in above place of death? 4 y	rs. o mos. 29 das.			
Hospital, Institution, or street address where	death occurred:	Streel No. 410-11th St.	S.E.	
VAH, Perry Point	, Maryland	(If rural, give LOCATION)		
How long in hospilal or institution?	5 yrs.	2.(a) If veteran, name war. WW-I		√
	7	2.(0) II tolejan, tame na	1 . (1)	
3. (a) FULL NAME	LIAM J. COOGAN		3. (b) Social Security	Number
14.1.1.				
4. Sex 5. Color or race	6. yaysiylete, myaryled, yeigoyled, yr diyorked	MEDICAL (CERTIFICATION	
Male White	Divorced	7	2011	- 0
Merze Militoe	DITTOTOGG	20. DATE DF DEATH January		
6.(b) Name of husband or wite		21. I CERTIFY that death occurred on the date a	above stated; Ihal I allended dec	ceased from
The state of the s		May 1st	,43 ,10 Jan.30	th 19.48
	6.(c) If allve, give ageyears	and that flast saw ham allve on		
7. Birth date of deceased (mo., day, yr.) Sept	ember 26, 1878			
december (mont any)	Days It less Ihan one day	Immediate cause of death		DURATION
o. Au.		Cerebrovascular A	ccldent	2 days
69 4	4min.			
Michigan		Arteriosclerosis	3	Unknown
9. Birthplace(Town,	eounty, and state)	Sue to		··· X
Painte				
10. Usual occupation.		Due to.		
11. Industry or business			•••••	
至 12. Name Deceased		Other conditions		
E				
		(Include pregnancy within	3 months of death)	
14. Maiden name Decease	d			
14. Maiden name Decease		Major findings of operations		
∑ 15. Birthplace			Date of op	
16. Informant Hospital	Records	Autopsy results None		
VAH, Perry Point, Maryland		PHYSICIAN: Please underline the cause to	which death should be charge	d statistically.
Address VAH, Per	ry Forme, Maryrand			
Removal	2-3-48	22. VIOLENCE: If death was due to external o		
17. Removal. (Burial, cremation, or removal, Which)	Oate Thereof	Accident, suicide, or homicide	Date of	
. Baltimo	re National Cemetery	Where did injury occur?(City or town		
				(State)
Location Baltimore,	Maryland	Injured al home, farm, industry, public place	(where?)	
1/		Meens of Injury	Injured at work? -	-
18. Funeral director	when Con	11.7/1.0	000	
Address Havre de Gr	ace. Maryland	1.5,000	and a shirt	cett.
		23. SIGNATURE A.E. TROLLINGS	ER, M.D. Chief,	roi ser.
19.7 st, 3, 19.48	- Trene E lought	VAH, Perry Poin	nt, Md. M.D	2/3/48
(Date ree'd by registrar)	Registrar	Address		



CERTIFICATE OF DEATH

	()	(10	07	0
			6	12
Reg.	Dist.	No		1

2411 N. Cha	arles St., Baltimore 950
CERTIFICA	ATE OF DEATH Reg. Dist. No. 12
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State Outgland County City or town (if outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution? O mas. 2 days	Street No
3. (a) FULL NAMET R. Davis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Stogie, married, widowed, or divorced Male while Willower	20. DATE OF DEATH CARLES 16 15 15 16 19
8.(b) Name of husband or wife Marila Aaris	21. I CERTIFY that death occurred on the date shore stated: that I attached deceased from
7. Birth date of deceased (mo., day, yr.) August 18, 60	and that I last saw h alive on 18 1. Immediate cause of death DURATION
8. AGE: Boys Prough 29 If less than one day 29	
8. Birthplace (Town, county, and state) 10. Usual occupation (Ethers of More Reports)	Due to America antico Scieroses monoco
11. Industry or business Stolesal Slore 12. Name Dans 13. Birthplace Deal Too - Mrs.	Diher conditions
13. Birthpiaco Conce Toto - Mil 14. Maiden name. Bilderine Joke 15. Birthpiace Tooks Con-Mo	(Include pregnancy within 3 months of death) Major findings of operations.
16. Interment Mrs Robert Soud	Autopsy results.
Address Porth East- MS 17 Burning Date thereof San 18 1949	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide.
(Burhi, cremation, or removal, Which?) Cemetery or crematory (day) (year)	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?
19 Jan 17 19 48 Flager (Date ree'd by registrar) (Date ree'd by registrar)	23. SIGNATURE M. D. brother Address Elklon - Mk Dato signed MM 15-4

MARGIN RESERVED FOR BINDING

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VS A15

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

()	11000
Reg. Dist.	No. 92

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newbopminfants giver eaidance of mother)
City or town. (If outside city or town limits, write RURAL and give nesrest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Justitution, or street address where death occurred:	
Them Aspelal Calling	(If rurs), givs LOCATION)
How long in hospital or institution? 6 sloups	2.(a) If veleran, name war
3. (a) FULL NAME & Currie Dea	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
It shile midor	20. DATE OF DEATH, Lan. 26 1948, at 4409 in
John H Dean.	21. I CERTIFY that death occurred on the data abova stated; that I attended daceased from
8.(b) Nams of husband or wife	1-20 115 1-06
7. Birth date of	and that I last saw h. R. alive on 1-25
deceased (mo., day, yr.) Select 15 187)	Immediato cause of death DURATION
8. AGE: Years Months Days If less than one day	910
75- 4 11ni	. Lovar menuca
Polar Crisca med.	Pusto Ittuille.
9. Birthplace (Town, county, and state)	
to. Usual occupation. Housewife	Bue to
11. Industry or business	905 W.
	Other conditions.
12. Hame Hearge Hodge 13. Birthplace Germany	
A 1	(Include pregnancy within 8 months of death)
14. Malden name. Mary faurie 15. Birthplace Scatland	Msjor findings of aperations.
15. Birthplace Scatland	Date of op.
16 Informant Mrs. atter armour-daugh	Autopsy results
Address North East MA	PHYSICIAN: Plesse underline the cause tn which death should be charged statistically.
(D) 10 09 48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Baie thereof (month) (day) (year)	Accident, seleide, or homicide
Cemetery or crematory	Whore did injury occur?
Location worth Fost and	tnjured at home, farm, Industry, public place (where?)
Joseph O. M. M. A.	Meene of Injury Injured at work?
18. Funeral director	1 (IN OI DO I DO MINO
Address Which Eagh & 101	- Sidon Mouron run
18 Ken 27 19 48 F/ Frazer	(NI PAIN GOVERNAMICA, D. or other 127-418
(Date ree'd by registrar)	ar Address Date signed

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00399 Reg. Diat. No. 92

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couoty City or town (If outside city or town limits, write RURAL and give neurest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME LOUIS Mudoept Ehlers	3. (b) Social Security Number 222-09-1292 A
4. Sex 5. Color of race 6. (a) Single, married, widowed, or divorced Male 8. (b) Name of husband or wife. Male 6. (c) If allye, give age	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 21. I CERTIFY that weath occurred on the date above stated; that attended deceased from 1847, to 1948 and that I last haw h 130, alive on 1948.
8. AGE: Years Month's Days If less than one day hrs. min. 9. Birthplace Town, county, and state) 10. Usual occupation.	Immediate cause of death DURATION Due to Due to
11. Industry or business 12. Name Subtraction & Rebuilder 13. Birthplace 14. Maiden name Worksoown	Other coadilion 14 & Protect Removed Type ogo Noticel Showed Coversons (Include pregnancy within 8 months of death)
16. Informani Wife: Mabel Sophia Eflers Address W. High St Ellers 17. Barrial Date thereof Jan 21, 1948	Major findings of operations
(Burial, cremation, or removal. Which?) Cemetery or crematory Location Location 18. Funeral director V. M. C. Maria J. San J. L. J. J. J. L. J. J. J. L. J. J. J. J. L. J.	Accident, suicide, or homicide
Address Elklon, M. J. Address Flat J. Address Address Flat J. Address Registrar	23. SIGNATURE Ellion - No M. D. or other Address Bale signed 1 - 19-48



PLEASE WRITE PLAINLY,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Dist. No. 96

• /	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Cecil City or town Perry Point (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 8 yrs.8 mos. 12 days Hospital, institution, or street address where death occurred: Veterans Administration Hospital How long in hospital or institution? Same as above	State Maryland county Somerset City or town Crisfield (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
ELLET, Milley W.	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Single	20. DATE DE DEATH January 9, 19 48 3:05 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 27. 19. 39 to Jan. 9. 19. 48. 20 and that I last saw h im alive on January 9. 18. 48.
8. AGE: Years Months Days tf less than one day 68 9 13 hrs	Bronchopneumonia DURATION 2 weeks
9. Birthplace	C
12. Name Unknown - deceased Unknown Unknown	Dther conditions
14. Malden name. Mary Horner - deceased Unknown 15. Birthplace Unknown	Dementia Praecox, Hebenhrenic type (Include pregnancy within 3 months of death) Major fieldings of operations
16. Interment Hospital Records Address VA Hospital, Perry Point, Md.	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
17. Removal Bate thereof Jan. 10, 1949 (Burial, cremation, or removal, Which?) Cemetery or crematory Unknown	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide
tocation Crisfield, Maryland	Injured at home, farm, Industry, public place (where?)
Parameter of Que	Means of injury — Injured at work?
18. Funeral director PENNINGTON & SON Address Havre de Frace, Mo	13 SIGNATURE Z. Kralewiger
19. Jan 10 19 48 Summer S Danghar (Registrar)	A.E. TROLLINGER, M.D. Clinical Diffector



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Evidence for change of date 2411 N. Charle of death shown on: LIMM NO. G. 1 1 5 MAY 3 - 1948 CERTIFICAT	CPARTMENT OF HEALTH es St., Baltimore 940 CE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND County Baltimore City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. WW-1
JOSEPH S. FALICE	3. (b) Social Security Number
Male S. (a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH January 74th 13th 18 48 at 4:50P.
6.(b) Name of husband or wife Beulah Conrad 6.(c) If alive, give age 41 years 7. Birth date of deceased (mo., day, yr.) July 10, 1891 8. AGE: Years Months Days If less than one day 56 5 4	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 18th 19.47 10 Jan. 14th 19.48 and that I last saw h im alive on January 14th 19.48. Immediate cause of death Coronary Arteriosclerosis Unkwn.
9. Birthplace	Due to
12. Name Deceased 13. Birthplace HI 14. Maiden name Deceased 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Hospital Records Address VAH, Perry Point, Md. 17 Removal (Burial, cremation, or removal, Which?) Date thereof (monyh) (day) (year)	Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accidenf, suicide, or homicide
Cemetery or crematory Baltimore National Cemetery Location Baltimore, Maryland 18. Funeral directulary for Address Havre de Grace, Maryland	Where did Injury occur?
18 An. 13 18 48 Crene & laugherta Whate rec'd by registrar) Registrar	7 VAH. Perry Point. Md. (1/15/19

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

() () 4112 Reg. Diat. No. 90

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State	rest town)
4. Ses 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
Male White Single	20. DATE OF DEATH January 12 19 48	1:35 A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dece April 30th 19 46 10 Jane 1 and that I last saw h JM 21/14 on January 12th	2th 19 48
deceased (mo., day, yr.) Julie 17, 1807	Immediate cause uf death	DURATION
8. AGE: Years Months Days If less than one day 81 6 25	Bronchopneumonia	1 week
9. Sirthplace St. Joseph, Mo. (Town, county, and state) 10. Usual occupation Unemployed 11. Industry or business	Due to. Bronchiectasis	
	Bither conditions Fibrous pulmonary T.B.,	
13. Birtholace Emmitsburg, Maryland	Fibrous pleurisy; Hypertrophied prost	ate
14. Maiden name Froma R. Danner 15. Birthplace Fromitsburg, Maryland 16. Informant Hospital Records	Major findings of aperations	-
	Autopsy results. Confirms above PHYSICIAN: Please underline the eause to which death should be charged statistically.	
Address VAH, Perry Point, Md. Removal (Burial, cremation, or removal, Which?) Cemetery or crematory. Location	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
Address Havre de Grace, Maryland 18 (Date ree'd by registrar) 18 (Date ree'd by registrar)	23. SIGNATURE A. E. TROLLINGER, M.D., Glin Address VAH, Perry Point, Md. Date signed	brodurector 1-12-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Diat. No. 96

County			j: 	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Cecil City or town Port Deposit, Rural (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number
4. Sex	A 1 1	en M	Green e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	• • • • • • • • • • • • • • • • • • • •		Widowed	2D. DATE OF DEATH 19 45 at 8:10 A
6.(b) Name of husband of 7. Birth date of deceased (mo., day, yo	9		Green c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from 19. 10. 11. 11. 11. 11. 11. 11. 11. 11. 11
8. AGE: Years	Months	Days	If less than one dayhrsmin.	Immediate cause of death DURATION By Carline Chronic 149
E 15. Birthplace	James Gr Julia	reen Ceo Tay	Farm cil Co., Md. lor o., Md	Due to
	7 Christ:	ian S	t., Phila. Pa. Jan.10,1948 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location	Port De	tere	Md. Rural Md.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? M. D. or other



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PLAINDY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

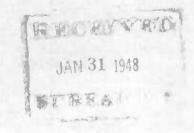
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICAL	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County (If outside city or town limits, write RURAL and give nearest town) Street No. (If roral, give LOCATION) 2.(a) If veteran, name war.
	2.(4) (1 totali, name was
3. (a) FULL NAME Clifful David 4. Sex 5. Color or cace 6. (a) Single, married, widowed, or divorces?	MEDICAL CERTIFICATION
M Mile Single.	20. DATE OF DEATH & COLL & 6 1548 14:309
a (h) Normal husband or wife	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
6.(b) Name of husband or wife	
7. Birth dats of deceased (mo., day, Fifth (12 · 18 · 12 · 18 · 12 · 18 · 12 · 18 · 18	and that I last saw halive on
8. AGE: Years Months Days It less than one day 55 9 14	Immedial cause of death DURATION DURATION
9. Birthplace OX And (Var	Due 10.
Laborer.	
10. Usual occupation. 11. Industry or business Paper Built.	Due fo
12. Name A Tilme Bull.	Other conditiona
	(Include pregnancy within 3 months of death)
14. Maiden name 1444	Major findings of operations.
14. Maiden name Mary Eliz Sneed 15. Birthpiace Cleater Co Pa.	Date of op.
16. Informant august I will.	Actopsy results
Address allaton and 5 MM.	
B. 12:00 Sur 30 1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Office and Office	Whera did injury occur?
Location Office And Andrews	Injured at home, larm, industry, public place (where?)
18. Funeral director.	Medical Factorian
Address Arliversh Del	23 SIGNATORE C CONOCISIONILLE COUNTY
19. Lin V9. 19. 48. FR Frager (Dyte rec'd by registrar) (Registrar	Address Rearry Seculad Bate signed 27.48



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

age

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH!	2. USUAL RESIDENCE (HOME) OF DECEASED;
County	(For newborn infants give residence of mother)
City or town (If outside city or townsimits, write RURAL and give nearest town)	State County
0 12 5 (110	City or town (If outside city optown limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city optown finites, write RORAL and give nearest dwin)
	Street No. (If rurs), give LOCATION)
How long in hospital or institution?	2.(d) If veteran, name war
3. (a) FULL NAME Sterling Braing Ho	3. (b) Social Security Number
4. Sex 5. Color or race, 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. Mut. munich	
III The production	2D, DATE DF DEATH Jau. 1948, at 24. M
Theamer Lines Hugen	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
6.(b) Name of husband 6 Mie 1000	
7. Birth date of G. Co It alive, give age years	and that I last saw halive on
deceased (mo., day, yr.) PLOV. 19. 1904	Immediate Cause of death OURATION
8. AGE: Years Months Days If less than one day	Ment e Whalalun
43 / 23hrsmin.	OKALLANT:
Cidain ma.	
9. Birthplace	Due to
Udrasence Porduella	
1D. Usual occupation	Due to
11. Industry or business	
12. Name alexander /4 assort.	Other conditions
\$ 13. Birthplace of the Deforit ma	
El Dinali Praira	(Include pregnancy within 3 months of desth)
14. Maiden name	Major fiediese ef operations.
15. Birthpiace rang long ma	Date of op.
18. informant Plu Millagel & assor	Autopsy results
112000 00100 0000	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Old	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Buriel gramation or removal Whield) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Whist?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Cost Welfund Mill Music	Injured at home, farm, Industry, public place (where?)
Neva Patterner / 4 dest.	Means of Injury tnjured at work?
18. Funeral directorX.	(1) (2) (Addical Examiner
Address Jerry new, Tha.	23 SIENTING CONTROL PUNTOR Cecil County.
12 12 162 1611	M. D. pr other
19. Date rec'd by registrar)	Address / Caux Suu Morte signed - 1-4 Y



(Date rec'd by registrar)



WRITE

PLEASE

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

00407

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE	Cec	47	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	***************************************	i <u>1 3 + 1 1 1 1 1 1 1 1 1 1</u>	State Delaware county Sussex	
City or town(1f	outside city or town lin	lle nits, write RURAL and give nearest town)		
Now long in show nigo	e of death?	One Month	City or town. Bridgeville (If outside city or town limits, write RURAL and give nearest to	own)
Hospital, Institution, or	r street address where	esth occurred: nanna Ave	Street No.	
	3 Susquel	lanna Ave.,	(If rural, give LOCATION)	1/
How long in hospitat o	or Institution?		2.(a) If veteran, name war	V
3. (a) FULL NAM	E		3. (b) Social Security Numb	er
	Per Joh	n C B Hanking		
4. Sex	15. Color or race	n C. B. Hookins 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
				55
Male	White	Married *	20. DATE OF DEATH 25 Jan 19.48 21.1	- An
S (h) Name of husband	or wifeG	race F. Hopkins	21. I CERTIFY that death occurred on the sale above stated; that I attended decessed a	- On
			19 4 10	
T. Birth date of	771 3		and that I last saw h.s. Me slive on 25	194.6
deceased (mo., day,	yr.) redi	uary 4, 1881		OURATION
8. AGE: Year		Days If less than one day	Immedia gause of death Thompsonis	
66	11	21min.		**************
9 Birthniaca	Bethel.	Sussex Co., Delawar	Ce Due to	***************************************
10. Usual occupation.	Clere	yman '	Que fo	
11. Industry or busines	M.E	. Church		
当 12. Name	Calvin	Hopkins	Other conditions	
12. Name		Delaware		
	Anna M	ary Spicer	(Include pregnancy within 8 months of death)	
14. Maiden name 15. Birthpisce			Major findings of operations	
≥ 15. Birthpisce		Delaware	Date of op	
16. Informant	Rev. Re	lph W. Hopkins	Autopsy results	
Address	Perryv	ille. Md.	PHYSICIAN: Please underline the cause to which death should be charged statist	ically.
Bu			22. VIOLENCE: If death was due to external causes, filt in the following:	
	rial n, or removat. Which?)		Accident, suicide, or homicide	
Cemetery or cremat	lory	Denton	Where did injury occur?	te)
		coline Co. Md.	Injured at home, farm, Industry, public place (where?)	
1B. Funeral director	ee a.	Catterson 4 Son	Means of injury Injured st work?	
Address	Perryvi		CNH Jalanke	MD
		1	23. SIGNATURE M. D. or oth	610
19.	7 19 48	Sauce E Dangeland	an Ray What has	Can 41
Date rec'd by re	egistrar)	/ Kegistrar	Address	



9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/0

CERTIFICATE OF DEATH

004118 Reg. Diat. No. 92

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	mal lain lain lain lain lain lain lain la
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town
Hospital, Institution, or sweet address where death occurred:	Street No.
Union Hosp.	(If rural, give LOCATION)
How long in hospital or institution? # days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	futchens
4. Sex 5. Color or race 6.(a) Single, markled, widowed, or divorced	MEDICAL CERTIFICATION
Jemale black Wydow	20, DATE OF DEATH Jan 134 1948, at 5130 19
Alex Antohoma	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
(b) Name of husband or wife	an 8- 1048 10 to an 12 1048
7. Birth date of A S A S A S A S A S A S A S A S A S A	and that last saw helt all ve on an Dan 1848
deceased (mo., day, and succession years 31 - 1813	Immediate cause of Apath DURATION
8. AGE: Years Months Oys less than one day	Cirettal Caralysis I days
77 5 12 min.	
- Menton - Maruland	Que to General Cardio hense
(Town, county, and state)	rascular disease unproun
10. Usuai occupation. Amseurfe	Oue to.
11. Industry or business	
	Diher conditions
12. Name Unknown	
971	(Include pregnancy within 8 months of death)
14. Malden name. Allen Julson	Major findings al aperatioo2.
15. Birthplace Macanown	Date of op.
18. Informant Allx Williams - Classofler	Astopsy results
Address Elkion - ma	PHYSICIAN: Plesse noderline the cause to which death should be charged statistically.
15 . 0 1/10/110	22. VIOLENCE: tf death was due to externat causes, fill in the following:
17. Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cromator) Alexton	Where did injury occur?
AD. A. town 7Md	Injured at home, farm, industry, public place (where?)
Location Control Contr	Meens of tnjury . tnjured et work?
18. Funeral director.	The sale of the sa
Addres Mensiono Mal.	The Maria We
Jen 1 12 10 ARTICON	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Registrar)	Address Okton - Sha Date signed 1/12/48



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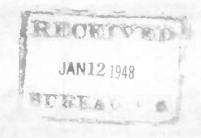
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newberti) infants give residence of mother)
County	had. local
City or town	State County County
How long in above place of death? 13 loves.	City or town
Hospital, Institution, of street address where death occurred:	Street No.
sun issuad	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Pade & ampton	Arlus . 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M' Hule married	20, DATE OF DEATH Scen. 7 1948 1030 1
Duniel Octor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of bushand so wife	21. J CENTIFF THAT GOATH OCCUPIED ON THE WATER ADDRESS STATES, THAT I ATTENDED GOCCUS TO HIS
7. Birth date of	and that I last saw halive on19
deceased (mo., day, yr.) Jan, 3 1977	Immediate Name of death DURATION
8. AGE: Years Months Days If less than one day	Cerebral
7/min.	accident
9. Birthglace and	Due to
(Town, county, and state)	9.00
10. Usual occupation. Relief murgicany	Due to
11. Industry or business Store Keeping, Morenes	
E 12 Name arthur Johns	Other conditions.
12. Name arthur Johans 13. Birthplace Del.	
14. Majden name Caroline Clayton	(Include pregnancy within 3 months of death)
	Major findings al operations.
Ž 15. Birthplace	Date of op.
16. Informant The John Wolffer	Actorsy results
Address warwich on .	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17 Burial Date thereof 1-10-48	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery of crematory	Whers did injury occur? (City or town) (County) (State)
Location middlylow Delaware	injured at home, farm, industry, public place (where?)
18. Funeral director Tx frate Daniels	Means of Injury Injured at work?
Address Andalitown DEl.	Aleworks Mistr Cecil County
19 Jan 9 19 48 FRFrage	M. D. or other
(Pate rec'd by registrar)	house sight 1-4 8



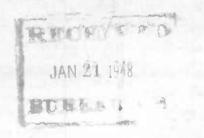
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•	arles St., Baltimore 13/a
CERTIFICA	ATE OF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME	3. (b) Social Security Number 705-07-514.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Single Si	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.48 21/0 30/
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.3.5 to 19.5 and that I last saw home alive on 19.11
8. AGE: Years Months Days If less than one day 7 0 3 3 0 hrs	Immediais cause of death DURAT
9. Birthplace (Town, eounty, and state) 10. Usual occupation Cather R. Anguard As painment	
11. Industry or business 12. Name Parks 13. Birthplace	Dither conditions.
13. Birthplace md 14. Maiden name C. Ly abeth a. Drummon 15. Birthplace md	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Kelly	Autopsy results
17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	8 Accident, suicide, or homicide
Cometery or crematory Chary Will Mathedial Com Location Charles Itie MJ	Where did Injury occur?
18. Funeral director.	Means of Injury Injured at work?
Vine 19 18 Flegger	23. SIGNATURE M. D. or other M. D. or other Address Exton Md Date signed 1/6/4

MARGIN RESERVED FOR BINDING

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A15



CERTIFICATE OF DEATH

0()411 Reg. Dist. No. 92

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Cecl	(For newborn infants give residence of mother)
El Tai	State Mid: County Cecil
(If outside city or town limits, write RURAL and give nearest town)	ment beat
How tong in above place of death?	City or tows
Hospital, institution, or street address where death-occurred:	RUSA (- 4+)
Union Haspital	31/281 HO
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mary 6. Tennedy	James
4. Sek 5. 65for or race 6.(%) Single, married, wildowed of divorced	MEDICAL CERTIFICATION
1. 0 1.0.4	MEDICAL CERTIFICATION
Jemale maile wedowed	20. DATE DE DEATH 200 2 (e) 19 4 , at 1 /
4 1 1 1 2	21. I CERTIFY that death occurred on the date above stated: That I atlanded deceased from
8.(b) Name of husband or wife I earge Tridrick Lennell	
	78ars 19.1.1.1.10.10.119.119.119.119.119.119.1
7. Birth date of 0 5 1 Q C 3	and that I iss saw n
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Herenleage + 3 slage
65t - 2/hrs.	
	0.0
9. Birthplace Zion, Maryland	Due to My allowy personer
(Town, county and state)	ulker
10. Usual occupation Hausewife	
	Duo to
11. Industry or business	
12 Name Le Ray England	Other conditions
0 1.1 0 1 70 1	
	(include pregnancy within 3 months of death)
14. Maiden name annie Halineau 15. Birthplace Chester Co., Med. Pa.	1. O. A. O. O. O. O. O. O. Street
E Charte Ca yn 1	Major findings of operations.
\$ 15. Birthplace Chester Co., And. /a.	Vut Cerse united Date of op. 777
18, informani Haspital Recards.	Autopsy results
ID, IIIUIMAII	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	
- Print Don DO-4	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremenion, or removal, Which?) Date thereof	Accident, suicide, or homicide
Procker by	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location morth Cast PN (about)	Injured at home, farm, Industry, public place (where?)
	Means of injury Injured at work?
18. Funerat director. Assume Comments of the C	man and the state of the state
1) atc, m1	0 0 11
Address North East	23 SIGNATURE XX CL CINCLED
Charles 10 Mitsenes	M. D. or other
19. 19.4	trans the with and had pate closed from 2 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9.45-15M

VS A15



2411 N. Charles St., Baltimore

940

00412

CERTIFICATE OF DEATH

Reg Diet No. 96

CLRITICAL	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbory) Infants give residence of mother) State County City or town
How long In hospital or Institution?	2.(a) if veteran, name war
3. (a) FULL NAME 1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 3. (b) Social Security Number 2/3-09-/359 MEDICAL CERTIFICATION
Male white Married	20. DATE OF DEATH & COM. 9 1944 1230/1
6.(b) Name of husband or wife Onnie Mae Kifer	20. DATE DF DEATH
6.(c) If slive, give sge 33 years	
7. Birth date of deceased (mo., day, yr.) June 9, 1899	and that I last saw halive on
8. AGE: Years Months Days If less than one day 30 7 0	Immediain course of death DURATION
9. Birthpisce. Complexiand allegany, Nd.	Duo to. Clerect
10. Usual occupation & allower, O. O. O.	
	Due to
11. Industry or business	,
12. Name.	Other conditions
14. Meiden neme Linfanson	(Include pregnuncy within 3 months of death)
TOI	Major findings of operations
	Date of op.
16. Informant OMNIL Male Tufer	Actopsy results.
Address Perry ville, mil	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof July (Month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Tuning	Where did injury occur?
Location Justilia Frankley Ma	Injured at home, farm, Industry, public piace (where?)
18. Funeral director Leva . Patterson + Son	Means of Injury Injured at work? Modified Examiner
Address Oursyville, and.	23 SOUND CLROU MISSOCI County
19 And 19 48 France Daughor-	Addrew Cleaning Sun Md Date signed - 9-48

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and BINDING MARGIN RESERVED FOR PLAINLY, WITH UNF. is especially important.

VS A15 9.45.15M

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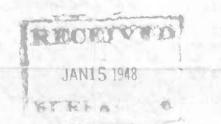
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1	CERTIFICA	TE OF DEATH	Reg. Dist. No7	0
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write How long in above place of death?	s RURAL and give nearest town)	2. USUAL RESIDENCE (HOME (For newhorn infanty give real done state		at town
Hospital, Institution, or street address where death occur	red:	Street No.		
How long in hospital or Institution?		2.(a) If veteran, name war		
3. (a) FULL NAME	6 Falls	en en	3. (b) Social Security No	umber
Temale While 6.(a) Sin	ngie, married, widowed, or divorced	^	CERTIFICATION	1
	6.(c) If allve, give ageyea	21. I CERTIFY that dead occurred on the dat	te above stated; that I attended decease	d from
7. Birth date of deceased (mo., day, yr.)	17/889	and that I last saw hallve on	10	DU
8. AGE: Years Months Days	If less than one day	Coronary o	elunin	8
9. Birthplace	cicil md,	Due to		
1B. Usual occupation		Due to		
12. Name	J. Barley	Other conditions gen aut	no Acleurs	
14. Malden name	Lef	(Include pregnancy with		
≥ 15. Birthplace	na pon		Date of op	
Address Carlevil	l ma	PHYSICIAN: Please underline the cause		tisticall
17. Burial Date th	nereo (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory John Comments of the Com	ma agueley	Where did Injury occur?(City or to		State)
1B. Funeral director 6 August 7	Maur	Means of Injury	Injured at work?	
Address Cecilton	md.	23. SIGNATURE	, + Japasel	4
19 Jan 4 1948 Mu (Date rec'd by registrar)	s Harres W. Cheefer	Address Stolera	M. D. or	other -L

MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

00414

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME A A A A A A A A A A A A A A A A A A A	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Flette Widow 6.(b) Name of husband or wife Lace Lot	MEDICAL CERTIFICATION 20. DATE OF DEATH A COURSE OF THE DEATH A C
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace	and that I last saw h. alive on 19. Immediate gause of death. DURATION Due to allialogic fraction Ciflit ferruir.
10. Usual occupation 11. Industry or business 12. Name	Other conditions
14. Maiden name 20 information 15. Birthplace 16. Informant Union Hoofulal Address Eliston Mil.	Major findings of operations
17. Burial, cremation, or removal, Which?) Cemetery or crematory. North East Cemetery Mark East Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homieide Where did Injury occur? (City or town) (Coupty) (State) Injured at home, fam, industry, public place (where?)
18. Funeral director Elkton. Md 19. Ken 10 19. H8. JR Frazie	Meens of Injury Cell Injured at work? 23. (SIGNATURE DOCLOR UN Geoil County M. D. or other 10-48



OF DEATH

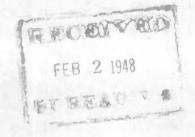
Reg. Dist. No.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legiples. MARGIN RESERVED FOR BINDING

CERTIFICAT	E
. PLACE OF DEATH:	2.
ountyCeal	
(If outside city or town limits, write RURAL and give nearest town)	Sla
low long in above place of death?	Cit
lospilal, institution, or street address where death occurred:	Sti
low long in hospital or institution?	2.0
B. (a) FULL NAME	
Charles miller	Li
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	11
male white married	20
	21
S.(O) Name of Massage of Antonia	
6.(c) If alive, give age 56 years	an
deceased (mo., day, yr.) (ing 10 1886	Im
B. AGE: Years Months Days It less than one day	
61 5 18min.	****
1 HE , 0 10 MI	
(Town, county, and state)	Du
10. Usual occupation Plastner	
73 .01.	Du

	Oth
14. Maiden name Mary Grant	Ma
15. Birthplace maryland	Labor
Translate of the state of the s	Au
	PH
Address I with East Md	22
(Burial, fremation, or removal, Which?) (Burial, fremation, or removal, Which?) (Burial, fremation, or removal, Which?)	Ac
m the disk	W
A. T. S.	
Location North East. Maryland	Inj Ma
18. Funeral director	H13
Address worth East ha	
10 1/31 - 1048 Lisa V. Civens	23
19. / 3/ - 19.48 Lisa V- Civers (pate rec'd by registrar) Registrar	Ad

2. USUAL RESI	DENCE (HOME) OF	DECEASED:	
Slate M	Coun	y Cecil	
City or town(11	\	write RURAL and give nea	rest town)
Street No			
2.(a) If yeteran, nam	ne war		
		3. (b) Social Security	Number
Lowe		216-09	- 3331
	MEDICAL CE	RTIFICATION	
20, DATE DE DEATH.	28 Ja	4. 19.48	at 12:30 Am
		e stated; that t attended decea	
	May 19.4	6 10 28 Jan	
and that I last saw h	. i. see alive on	27 Jan.	19.4.8
Immediate cause of		E	Buration 8 months
	priculat Fibri		***************************************
Due to Arteri	escleratic Hear	+ Disease	5 years
Due to			
Other conditions	Brouchial As	thma	10 yrs
(Ir	clude pregnancy within 3 m	Cosis onths of death)	15yrs.
Major findings of o	perations		
		Date of op	
Autopsy results PHYSICIAN: Pleas	e underline the cause to whi	ch death should he charged	statistically.
22. VIOLENCE: If	death was due to external caus	es, fill in the following:	
Accident, suicide, o	r homicide	Date ot	
Where did injury oc	cur?(City or town)	(County)	(State)
Injured at home, far	m, industry, public place (who	ere?)	
Means of Injury		Injured at work?	
23. SIGNATURE	Klaus H The	uchus H.D	6
		M. D. o Date signed	



MARGIN RESERVED FOR BINDING

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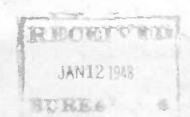
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00416

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Md. sounty, level
(If outside city or town limits, write RURAL and give nearest town)	feelators.
How long in above place of death?	(If outside city or town limits, white RURAL and give nearest town)
Hospital, Astillytion, or street address where death occurred:	Street No. 231 Machaell St
1. 110211:	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war.
Bessie ne Int	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
or acure maurie a	20, DATE DF DEATH & COM: 5 19.48 at \$454.54.
6.(6) Name of husband or wife Charles M. 13 % Chater	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age years	19 to
7. Birth date of 2 / 1890	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediair cause of death
.55 1 29	Cieda Macadan
F N. 1. 16	10 cara
3. Birthplace	Due to
10. Usual occupation House will.	Bro to
11. Industry or business	Due to
12. Name 27 A	Diher conditions
12. Name 13. Birthplace	
H 14. Maiden name 230	(Include pregnancy within 3 months of death)
14. Malden name 20 mg.	Major findings of operations
China a midetai	Date of op
16. Informant Martin	Autopsy results
Address Elkton, Md. O. 9 16116	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Grace Jour Memorial Park	Where did injury occur?
new Wilmington Del	Injured at home, farm, industry, public place (where?)
Location L. L. P. J.	Means of Injury Injured at work?
18. Funeral director	(Who Da la Medical Examiner
Address Electon Mo	23 School Wocker Mind Cacil Course
19 km 7 1848 FH Trazer	IN Dear Phase hall M. D. or other
(Uate rec'd by registrar) Registrar	Address Way our Mu Date sighed 3 - 7 0



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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- 6		-			

00417

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Ellatton, R. Jr. A. 5 (If outside city or town limits, write RURAL and give nearest town)	State md. couoly Clark
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Nospitat, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
Now long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Martha alfreta	more
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 300
Hemde White married	20. DATE OF DEATH Jauray 31 1948 21 7-A.
6.(b) Name of husband or wife Curtis E. moore	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 6.3 years	1940, to 2 3/ 1948
7. Birth date of	and that I last saw h alive on 3 / 19 ** 8
deceased (mo., day, yr.) fully (0, 188) 8 A.C.F. Years (Month) Bays If less than one day	Immedisia cause of death
8. AGE: Years (Months Days If less than one day / \(\sqrt{ \sqrt{ \sqrt{ \sqrt{ \text{Months}}}} \) \(\sqrt{ \sqrt{ \sqrt{ \sqrt{ \sqrt{ \text{Months}}}} \) \(\sqrt{ \sqrt{ \sqrt{ \sqrt{ \sqrt{ \sqrt{ \sqrt{ \text{Months}}}} \) \(\sqrt{ \qq \sqrt{ \sq\synt{ \sqrt{ \sqrt{ \sq \sq\synt{ \sqrt{ \sqrt{ \sq\synt{ \sqrt{ \sqrt{ \sqrt{ \sqrt{ \sq	acute diletation of heart 15 min
P1 - 11-14 0 - 1 0 - 1	A- 1: 5 D angular Com
9. Birthplace	Due to.
10. Usual occupation. Housewife	and the same of th
	Due to
11. Industry or business	
E 12. Name	Dther conditions
Z 13. Birthplace	(include pregnancy within 3 months of death)
14. Maiden name Annie M. Cury. 15. Birthpiace Md.	Major findings of operations
15. Birthplace mg.	
16. Informant Curtis E. moore	Autopsy results.
001-+- 2 1 8 2 2	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Claron, ma. 1. H. H.	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) Bate thereof 11 3 15 4 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory Cherry Aus	Where did Injury occur? (City or town) (County) (State)
Cherry Ovell	Injured at home, farm, Industry, public place (where?)
Location	Maans of injury Injured at work?
18. Funeral director 1. C. Syzan	A /
Address Prizing Sun ma.	Merbert Vales In D.
Jan 31 W/8 FRFrager	23. SIGNATURE
19 (Date rec'd by registrer) Registrar	Address Tekes ma Pate signed /31/48



	U(14	1	8	2	
2-~	Dist	No		7	1	

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
City or town	State County Cecl
How long in above place of death? 17 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Cherry Hill
	(If ural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Lucy O. Vell	reon
4. Sex 5. Color or race 6.(a) Sing of married, widowed, or divorced	MEDICAL CERTIFICATION
Temal White Widowes	20, DATE OF DEATH Jan 2 2 19 4.6 , at 3 . A. M
OR HPt	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	19.35 10 22 19.48
	and that book any best allow a four 21 10 48
1. Birth date of deceased (mo., day, yr.) October 4 1874	and fhaf I last saw h all ve on 19
8. AGE: Years Months Days If less than one day	Immedia: cause of death
73 3 18min.	(21/158)
30 TT 10 . 11 h	00 · 5 · · · · · ·
9. Birthplace	Due to.
10. Usual occupation	Books.
11. Industry or business	Due 10
12. Name Douchelle.	Other conditions
- A	(Include pregnancy within 3 months of death)
14. Maiden name Tribuca E Olumnur 15. Birthplace Navyland	Major findings of operations
2 15. Birthplace maryland	Date of op.
16. Informant Leonar W Octusion	Autopsy results
No THE . Du. h.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address // with Cast OF # / Mc	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
B. H. IV	Where did Injury occur?
Cemetery or crematory	Where did Injury occur?
Location typo apr abor City M.d.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Joseph R. Starp	Means of Injury Injured at work?
Address / north East med	11/2 1/2 1/2 1 - 2 A
Q 1/1	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar)	Address Sexlow had Date signed 1/22/48

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important. Physicians: please write the causes of death clearly and legibly.

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/	CERTIFICAT			TE OF DEATH Reg. Diat. No.
County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Coucty Cecil City or town Port Deposit (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
	Barry S	Snelling Pois	st.	o de la companya de l
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or Single		MEDICAL CERTIFICATION 2D. DATE OF DEATH. 2D. DATE OF DEATH. 2D. PARTICIPATION 19 48 at 2.77
			yearsyears	21. I CERTIFY that death occurred on the date above stated: that attended deceased from 19. 4. 9. to 19. 4.
	ve de Gra	Days tf less lhan one did 14	min.	Due to Staffreon Lateral Sonas.
11. Industry or busines 12. Name On 13. Birthptace	858		1	Due to Dither conditions In Latoral Oldes Messa: (Include pregnancy within 8 months of death)
15. Birthplace	Frederick	e V. Snelling sburg, Va. W. Poux		Major findings of operations. Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. EUIT	Port Denos rial on, or removal. Which?) atory. Asbury	Jan 19	1948 lay) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location	t Jezosit	Caffina	urson	Injured at home, farm, Industry, public place (where?) Misens of Injury Injured at work?
9 12 48 Down Edman			Registrar	23 SIGNATURE M. D. or other, M. O. or other, M

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information capetaly. The com

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes WRITE PLEASE A15 NS



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MARYLAND STATE DEPARTMENT OF HEALTH

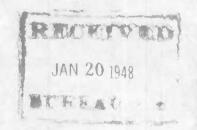
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

0(1421) Reg. Diat. No. 94

	1 .
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White pringle	20. DATE OF DEATH. 3 COMMENT 15 1945 at \$ 3.00.
	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(8) Name of husband or wite	10 10 1945 10 13, 1943
7. Birth date of School 1 alive, give ageyear	and that I last saw him alive on the 13 1940
deceased (mo., day, yr.) May 27 1931	Immediate cause of death
8. AGE: Years Months Days if less than one day	Cerete, love Qualifiletie 3 days
16 7 19hrsmin.	
Matter Colo mil	- Vuly
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation	
	Due fo.
11. Industry or business	Were Very Very 16 years
12. Name Summer Sound Varance	Other conditions.
	(Include pregnancy within 3 months of death)
14. Malden name. Andrew Constitution of the State of the	
EO CONTRACTOR OF THE CONTRACTO	Major findings of operations.
21 15. Birthplace	Date of op.
16. Intermant	Antopsy results
Address V North Jose And	
18 1948	22. VIOLENCE: tf death was due to external causes, fill in the tollowing:
17. Burial, Gemation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Methodish Comelan	Where did injury occur?
M + 0 5 1 200 et 0	Injured at home, farm, industry, public place (where?)
Location	Means of injury Ligitred at work?
18. Funeral director	Means of injuly
Address I md	Thomas (Juliell WI)
9 0-18	23, SIGNATURE M. D. or other
19. La Segistra Begistra	Address Wills and had Bate sponed from 7 [H]



Reg. Dist. No. 92

ZTAL II. CIBILDO DU,	241 14. Charles Dill Dallinois		
CERTIFICATE O	OF DEATH		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	ma la tecil
City or town	State Manyaux County County
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	
Union Haspital	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George m. Thort	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION _20
male white Single	20. DATE OF DEATH January 80 1948 st / P. M
	21. I CERTLEY that death occurred on the date above stated: that Lattended deceased from
6,(b) Name of husband or wife	Vanuary 78 1948 10 Von 30 1948
7. Birth data of	and that I last eaw h had alive on Sau 30
deceased (mo., day, yr.) aug 2 /902	Immediate cause of death.
8. AGE: Years Months Bays If less than one day	Park LL
45 4 28hrsmin.	aliac thrombon, Vly, 29
& IHt - Cecil moneland	1 100 day the Thronday
9. Birthplace (Nown, county, snd state)	Due to.
10. Usual occupation Apholotes	
	Due to
11. Industry or business	Par za Lab La'
12. Name.	Other conditions Vontale Lepake
2 13. Birthplace Electore met 12	(Include pregnancy within 3 months of death)
14. Maiden name acue toracre	Majer findings of operations.
14. Malden name Click Foracce 15. Birthelace Elector Md	
200 l S. Fringiace	
16. informant (Carrier & Mary)	Autopsy results
Misery El Nt + me 213 Bow St Elkton Mid	
11 charia Date thereof Febry 4 1948	22. VIOLENCE: If death was due to axternal causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory	Where did injury occur?
Elector ned	tajurad at homa, farm, industry, public place (where?)
Location D+ 11 21	Maans of Injury Injured at work?
18. Funeral director.	
Address Elltow mo	22 SIGNATURE Of. W. No recher, LO
7.6-3 10 7/17	23. SIGNATURE M. D. or other
19. (Date rec'd hy registrar) (Registrar	Address 2 lb Du h Q Date olghed lm 3/2/8/8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Rog. Dist. No. 96

/	Nog. Dist. No		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Cecil City or town Port Deposit, Rural (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
City or town			
How long in hospitat or institution?	2.(a) H veteran, name war.		
3.(a) FULL NAME Leah Jane Smith	3. (b) Social Security Number		
Female Colored Widowed	MEDICAL CERTIFICATION 20, DATE OF DEATH		
6.(b) Name of husband or wife. Steven Smith 6.(c) If alive, give age. year 7. Birth date of Townson S.	21. I CEPTIFY that death occurred on the date above stated; that I attended deceased from		
deceased (mo., day, yr.) January 26, 1850	Immediate cause of death Change myoco-d. 5:		
9. Birthplace Cecil Co. Md. (Town, county, and state) House Wife 11. Industry or business 12. Name Jones	Oue to		
John H. Jones 12. Name John H. Jones 13. Birthplace Md. 14. Malden name Jane Taylor 15. Birthplace Cecil Co., Md.	(Include pregnancy within 3 months of death) Major findings of operations.		
16. Informant Trene Carlo	Antopsy results.		
Burial Burial (Burial, cremation, or removal, Which?) Coekesbury Address Port Deposit, Md. Rural Oate thereof January 4, 194 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Fort Deposit, Md. Rural 18. Funeral director a Catterson 4 Society	tnjured at home, farm, industry, public place (where?) Means of injury tnjured at work?		
Address Port Deposit, Md. Rural 18. January 19. 48 Trans & Daughert Registra	23. SIGNATURE		

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

938

Reg. Dist. No.

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Cecil	state Maryland County Cecil
Cily or lown. Chesapeake City. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of dealh? 75 yrs.	City or town Chesapeake City (If outside city or town Hmits, write RURAL and give nearest town)
Hospilal, institution, or streef address where death occurred: Chesapeake City, Md.	Street No. Chesapeake City
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
	3. (0) Ducial Decurity Number
Ella R. Warrick 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Widowed	(16 117 1144
	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
8.(6) Name of husband or wife. Henry Warrick	21. I CERTIFY that death occurred on the date above stated; that cattended accesses from
7. Birth date of	and that I last saw has alive on have 15 1948
decessed (mo., day, yr.) Jan. 29, 1872	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Corney Misnors 10 mil
75hrsmin.	
9. Biribpiace Manyland (Town, county, and state)	Due to Chania my reachites 16 years
(Town, county, and state)	and the state of t
10. Usual occupation General Housework	Due to Cellanda Librillolan 16 years
11. Industry or business	
E 12. Name George Moore 13. Birthplace Marvland	Dither conditions
	(Include pregnancy within 8 months of death)
14. Malden name Josephine 15. Birthplace Maryland	Major findings of operations
15. Birthplace Maryland	Date of op.
16. Informant Designamin Wassick	Autopsy results.
Address Newark, Delaware	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial (Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Bohemiah Manor Cem.	Where did injury occur?
Location Bohemiah Manor Md.	Injured af home, farm, lodustry, public place (where?)
18. Funeral director. Bold R Bell	Means of Injury Injured af work?
Address 909 Poplar St.	1 (Doin MI)
0 1 ml 20 11 10 1 1200	23. SIGHATURE M. D. or other
(Date rec'd by registrar)	1 (1 x 2 b) ch (1 1 1 1 1 4 1 1 1 1 1 4 0



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

9400

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
County Cecil			
City or town. Perry Point (If outside city or town limits, write RURAL and give nearest town)	03 3 = 3 -		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest to	wn)	
Hospital, Institution, or street address where death occurred:	Sireet No. 115 Carothers Avenue		
VA Hospital, Perry Point, Md.	(If rursl, give LOCATION)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
How long in hospital or institution? Same as above	2.(a) It veltran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number	er	
WEYL, Frederick W.	None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male white Widower	20, DATE OF DEATH January 30, 19 48 21 2	•10 AT	
11000			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Sept. 20, 19 29 to Jan. 30,		
7 Birth date of	and that I last saw h im alive on January 30,	1848	
deceased (mo., day, yr.) Feb. 14, 1887	Immediate cause of death.	OURATION	
8. AGE: Years Months Days It less than one day	Bronchopneumonia 4-5	days	
60 11 16hrsmin.			
	Bue to Arteriosclerotic coronary		
9. Sirihplace Pennsylvania (Town, county, and state)		3	
1D. Usual occupation. Miner	disease	known.	
10. Usual occupation	Due to		
11, industry or business			
12. Name Unknown - deceased 13. Birthplace Unknown	Diher conditions Hydronephrosis Ux	known.	
13. Birtholace Unknown			
	Prostatic hypertrophy, benigh (Include pregnancy within 8 months of death)		
14. Maiden name Unknown - deceased 15. Birthplace Unknown	Major findings of uperations.		
2 15. Birthplace Unknown	Date of op.		
16. Informant Hospital Records	Autupsy results		
VA Hospital, Perry Point, Md.	PHYSICIAN: Please underline the cause tu which death shuuld he charged statisti-	atly.	
Address	22. VIOLENCE: If death was due to external causes, fill in the following;		
Removal (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)			
	Accident, suicide, or homicide		
Cemetery or crematory Cher tiers Cemetery	Where did Injury occur?	e)	
Dittahunah Da	Injured at home, tarm, Industry, public place (where?)		
18. Funeral difector Security Ton V Son	Means of Injury — Injured at work?		
PENNINGTON & SON	102/10000		
Address Havre de Grace, Md.	P3. SIGNATURE 2 CALLLES	-	
19 Jan 3/ 19 48 June 5 Daughers	A.E. TROLLINGER, M.D., Chief. Profession	pal	
(Date rec'd by registrar) Registrar	Address VAH, Perry Point Md. Services T	D.L. 45	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Kog. Dist. 170
1. PLACE OF DEATH: County Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Perry Point, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 14 yrs 11 mos. 27 days Hospital, institution, or street address where death occurred: Veterans Administration Hospital How long in hospital or institution? Same as above	State West Virginia County City or town Bellespoint (If outside city or town limits, write RURAL and give nearest town) Street No. None (If rurai, give LOCATION) 2.(a) If Veteran, name war. World Ward I
3. (a) FULL NAME WIMMER, Charles A.	3. (b) Social Security Number None
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20, DATE OF DEATH. January 1, 19 48 21 10:30Am
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 4, 18 33 to January 1, 19 48 and that I last saw h. I.M. alive on January 1, 18 48. Immediate cause of death
8. AGE: Years Months Days tf less than one day 60 4 9hrshrs.	Pulmonary Tuberculosis, far advanced
9. Birthplace Bellepoint, West Virginia. 10. Usual occupation Unknown 11. Industry or business 12. Name William M. Wimmer 13. Birthplace Unknown	Due to
14. Maiden name Deceased (Unknown) 15. Birthplace Unknown	Major findings of operations
Hospital Records Address Veterans Administration Hospital Perry Point, Maryland 17. Removal Bate thereot (Burlal, cremation, or removal, Which?) Cemetery or crematory Greenbrier Burial Park, Location 4 Miles East Hinton, West Virginia 18. Funeral director Pennington & Son, Address Havre De Grace, Md. 19. Date rec'd by registrar) Registrar	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, tarm, industry, public place (where?) Means of injury Injured at work? A. E. Trollinger, M. D. Address, Parry R. Point Charge and Injured at works and Injured at works and Injured at works and Injured at works.

